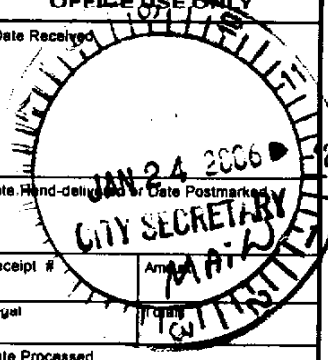


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

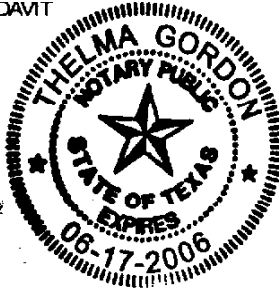
FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <div style="text-align: center; font-size: 2em;">4</div>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <div style="text-align: center; font-size: 1.5em;">MR</div>	FIRST <div style="text-align: center; font-size: 1.5em;">BRIAN</div>	MI <div style="text-align: center; font-size: 1.5em;">P</div>		
	NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">CWEREN</div>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Received _____ Date Postmarked _____ Receipt # _____ Legal _____ Date Processed _____ Date Imaged _____	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.2em;">07/01/2005 THROUGH 10/01/2005</div>				

6 EXPLANATION OF CORRECTION

- Failure to report ^{one} ~~three~~ political contribution
 - Failure to report + one expense which was located upon further review

7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

B. P. Cweren

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Brian P. Cweren this the 17 day of January, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Thelma Gordon

Thelma Gordon

Notary

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18615.25

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 17374.55

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 14925.06

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Brian Cwercen

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Nathan N. Urman

6 Contributor address; City; State; Zip Code

Houston TX 77231-1832

7 Amount of
contribution (\$)

25.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Brian Cweren

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

City of Houston

7 Amount (\$)

9/16/05

6 Payee address;

City; State; Zip Code

500.00

8 Purpose of payment (See instructions regarding type of information required.)

Filing fee

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

